Rajabhat Chiang Mai Research Journal
Vol. 23 No.3 September – December 2022

Wellness and Health Tourism in Thailand: a Chinese Visitors' Perceptions of Transcultural Nursing

Lalitphan Panyanak, Nattapong Chaisaengpratheep* and Pichanika Masuk
Faculty of Business Administration, Vongchavalitkul University, Thailand
E-mail : lalitphanli@gmail.com, chiangsaeng@gmail.com and patcher_chunna@hotmail.com
*Corresponding author
(Received: 15 July 2022, Revised: 4 December 2022, Accepted: 6 December 2022)
https://doi.org/10.57260/rcmrj.2022.259832

Abstract

The researchers conducted a quantitative study in Thailand with 520 Chinese visitors who had used Thailand's health and medical services. The precise number is unknown, but there are numerous. The effect size f = 0.25, error probability = 0.01, and power of test (1 -) = 0.99 were calculated using G*Power (Faul et al., 2013). To investigate transcultural nursing perceptions during health and medical tourism. A five-point Likert scale was used to score 32 observed variables in an accidental sampling. Exploratory Factor Analysis (EFA) was used to analyse the data and determine how visitors perceived transcultural nursing. The outcomes demonstrated that the factors influencing visitors' perception, which consisted of five factors and 31 observed variables, had a cumulative variance of 73.892%. Visitors' impressions of people who use wellness and healthcare services were influenced by factor 1, sanitation issues, and Thai medical standards, which had the highest percentage of variance. The remaining four criteria included psychological skills (10.444%), ancillary services (14.934%), nursing and biological variation (13.552%), and communication and privacy (16.634%), respectively. These factors can be credited to the benefits of research in identifying marketing tactics that increase awareness and offer top-notch service, enhancing competitive advantages by luring new customers and satisfying the wants of returning ones.

Keywords: Transcultural nursing, Perception, Medical tourism, Chinese visitor, Nursing care

Introduction

A cooperative is an independent organization of people who voluntarily become a Consumers nowadays are enthusiastic about their health and well-being. By 2030, there are expected to be 5.3 billion middle-class people on the planet. Most of these people may reside in Asia, particularly in China and India. Both countries' economies are doing better than in the past. Furthermore, China's middle-class market will be valued at $14.1 trillion, which has significant future potential for Thailand's health and medical tourism (Bangkok Bank, 2021). Furthermore, as a medical centre, Thailand offers numerous aspects that attract visitors, for example, excellent quality and worldwide services. Many professionals are equipped with cutting-edge technology. The features motivate Thailand's private hospital business to expand its market to foreign patients, who have higher purchasing power and spend more on healthcare than patients in the second country, thereby increasing the number of foreign service recipients. Every year, between 1.1 million and 1.2 million patients, including foreigners, visit the hospital. Foreign patients make roughly 66% of the total, with Thais accounting for the rest. (Bangkok Post, 2021). Every year, more Thai and foreign service recipients enter private hospitals, culminating in increased cultural diversity in terms of race, religion, language, and culture. Transcultural care is thus critical in this time of transition (Treethipwanich et al, 2019).

Since health resources in China are insufficient and poorly dispersed, there is a significant demand for therapy across provinces, cities, and even counties (Liu et al., 2022). Customers' "willingness to spend on health" (Jiang et al., 2022) drives health tourism; travellers are viewed as crucial to the success of healthcare providers in each destination (Kamassi et al., 2020). Thailand is an attractive and affordable destination, with its medical and tourism industry features scoring well above average and ranking sixth. Finally, as a result of the efforts made to obtain international certifications for its key facilities and the competence of its medical team, the quality of its facilities and services component ended up scoring above average, with lower medical treatment costs than Singapore and India (Ninkitsaranont, 2019). Thailand has the largest private hospital in Asia and is the first country in the world to receive ISO 9001 certification and JCI accreditation. To date, 59 hospitals have been accredited by the JCI, all of them private (The Nation Thailand, 2022). This is since health visitors and healthcare professionals, such as physicians and nurses, come from diverse cultures. The influence of cultural diversity on health care is direct. Overall, Thailand is becoming a successful medical tourism destination, benefiting from Asia's growing population seeking less expensive treatments elsewhere but close by. In the index between 2020 and 2021, Thailand was ranked 17th, followed by Canada, Singapore, Japan, Spain, and the United Kingdom (The Nation Thailand, 2022).

Transcultural nursing is a nursing science and practise that considers individuals' values and beliefs when executing particular cultural nursing activities (Smeltzer et al., 2007). The goal of transcultural nursing is to prepare nurses to provide nursing care in accordance with either culturally specific or universal nursing practises (Nur'ainun, & Novieastari, 2019).

People of the same race might have cultural distinctions, but people from other cultures are much more understanding of the culture of such visitors in terms of nonverbal language, attitude, way of life, and so on. Therefore, providing health care to families of all races, ethnicities, and cultures is a crucial and essential aspect (Shen, 2015). Transcultural nursing is an essential component of modern healthcare, and nursing stems from the necessity to care for patients from other cultures, each with their own unique set of traits (Karabudak et al., 2013). However, due to the presence of hurdles (Hasnain et al., 2011) related to personal and environmental characteristics that might promote or hinder care (Starr & Wallace, 2009), putting such initiatives into practise remains difficult. Wellness and health tourism: previously, the majority of research and medical investigations into topics included customer satisfaction (Anaya-Aguilar et al., 2021), service quality (Han et al., 2021), wellness centres (Mueller & Kaufmann, 2001), older adult healthcare (Han et al., 2015), medical tourism (Kanittinsuttitong, 2015), psychological well-being (Martin et al., 2013), and cosmetic surgery (Wu et al., 2021). Most of the research in Thailand has been done in the context of cultural competence for registered nurses. Furthermore, there is insufficient research on transcultural healthcare among healthcare professionals (Sirisawat et al., 2020) or nursing student educational assessment (Nupech & Kaewpimon, 2020; Jeh-alee & Jeasoh, 2019). A lack of information in this area may lead to misconceptions or a failure to recognise the medical requirements of Chinese patients. The researchers wanted to see how foreign patients perceived transcultural nursing. What is your outlook on service? Additionally, most of these employ theory as a primary research method (Campinha-Bacote, 2002).

In this study, researchers used a methodology to assess the cultural competency of health and medical visitors. Researchers conducted a systematic review of the literature. Articles on the applicability of these four transcultural nursing concepts are relevant to the study's context: Giger & Davidhizar, 2008; Campinha-Bacote, 2002. The Giger and Davidhizars transcultural assessment model was discovered by the researchers to be a tool intended to measure cultural competency in health and medical behaviour (Karabudak et al., 2013). It is a straightforward, intelligible, and well-suited instrument for a wide variety of applications that have been identified as distinctive and evaluated in terms of five cultural dimensions: communication, personal distance, social organization, time, environmental management, and biodiversity (Sung & Park, 2019). These were used in this study. This will provide information on health and medical tourism. In this article, we will discuss Thailand's health and medical tourism, specifically from the perspective of health visitors.

In light of the preceding significance and issues, researchers are interested in studying Chinese visitors' perceptions of transcultural nursing in Thailand. Medical tourism marketing and promotion strategies will greatly benefit from this research. The development of long-term transcultural medical service quality plans and increasing the number of health and medical visitors who utilize the service.

Methodology

Sample

A key concern when conducting factor analysis (FA) is sample size, since correlation coefficients are heavily relied upon (Costello & Osborne, 2005). The validity and statistical inference of the coefficient determine whether it is a good approximation of the population correlation; that is, the more stable the sample correlations, the more valid the scores (Schumacker & Lomax, 2016; Finch et al., 2016; Tabachnick & Linda, 2019). Smaller samples, on the other hand, may provide unstable correlation estimates and are more sensitive to outliers (Finch et al., 2016). According to Tabachnick & Linda (2019) and Kline (2016), the sample size should be five times the number of independent parameters; Raykov & Marcoulides (2006) recommend ten times the number of independent parameters. Therefore, the populations were Chinese visitors who had used Thailand's health and medical services. The precise number is unknown, but there are numerous them. The effect size f = 0.25, error probability = 0.01, and power of test (1 -) = 0.99 were calculated using G*Power (Faul et al., 2013). The study included 520 visitors who were chosen through accidental sampling.

Data Collection

The survey consisted of two sections: the socio-demographic profile (gender, age, monthly income, education, and marital status); and the perception of transcultural nursing among Chinese visitors to Thailand in terms of health and medical tourism. According to Giger & Davidhizars (2008), communication, personal space, time, environmental management, social organization, and biological differences are included, as well as two additional factors: nursing and ancillary services (Lenoir, 2011; Miller, 2018). Using a Likert-style scale ranging from 5 (strongly agree) to 1 (strongly disagree), an initial pilot survey with 30 participants was undertaken to remove any ambiguities. According to the transcultural nursing analysis (Wongratana, 2010), tests of surveys were undertaken to verify the validity and reliability of the survey questions before the project was conducted formally. A confidence value of over 0.70 is considered acceptable for a confidence question, which got a Cronbach's alpha coefficient of 0.89. The information was evaluated using the evaluation form to confirm the content and construct validity and appropriateness of the questionnaire (Item-Objective Congruence Index, IOC). It was examined by three tourism specialists and a Chinese professor. Language and content were reviewed in the evaluation form. The entire assessment form was rated on a three-point scale from -1 to 1. Items with scores greater than or equal to 0.5 were deemed appropriate; those with scores less than 0.5 were deemed inappropriate and required to be altered in accordance with the experts' recommendations. Researchers gathered information on 520 Chinese visitors who visited Thailand for medical tourism between December 2021 and February 2022. Ascertain that the questionnaire is comprehensive and accurate.

Data Analysis

The data was analysed in two steps. To begin, descriptive statistics were employed to collect socio-demographic information about Chinese visitors. Second, the 32 observed variables relating to satisfaction perceptions of the transcultural nursing variables were subjected to an exploratory factor analysis (EFA). To extract the factors, principal component analysis (PCA) with varimax rotation was chosen as the best estimation approach for factor analysis. Prior to factor analysis, KMO (Kaiser-Meyer-Olkin Measure of Sampling Adequacy) and Bartlett's Test of Sphericity were utilised (Bartlett, 1954). According to common criteria, only factors with eigenvalues greater than 1 and items with factor loadings and communalities more than 0.5 were retained in the final factor structure (Kaiser, 1974). Reliability indices within each dimension were calculated to best fit a factor's internal consistency (Kline, 2016).

Results

A. Descriptive Statistics

The study has a sample size of 520 visitors, questionnaires collected and processed. Demographic information of the observed sample is presented in Table 1. To determine the demographic characteristics of patients enrolled in our 520 samples of study, most were men (n = 264, 50.8%) were educated to master's degree or higher (n = 316, 60.8%), were age 36-52 year (n = 290, 55.8%), were single (n = 316, 60.8%), and were monthly income 6,001 or over (n = 325, 62.5%).

Table 1 Characteristic of the Participants

Variable	frequency	%	Variable	frequency	%
Gender			**Education background**		
Male	264	50.80	Under bachelor's degree	51	9.80
Female	256	49.20	Bachelor's degree	153	29.40
Age			Master's degree or higher	316	60.80
17 or below	0	0	**Monthly income (Rmb)**		
18-35	230	44.20	2,000 or below	0	0
36-52	290	55.80	2,000-4,000	53	10.20
53 or older	0	0	4,001-6,000	142	27.30
Marital Status			6,001 or over	325	62.50
Single	316	60.80			
Married	204	39.20			

In table 2, based on the replies given to the total of 32 observed variables, the researchers discovered that the respondents' perceptions were generally positive, with the lowest mean score achieved for the response to the statement, " The medical staff's empathy" (M = 4.32). The response with the highest mean score achieved, on the other hand, was " The attitude of the medical staff toward my customs and traditions" (M = 4.69). The score shows how positive the respondents appeared to be in terms of how they regarded themselves in connection to the topic under discussion. The responses clearly differentiate between personal ideals, space, family, nursing, and supplementary services, all of which have an impact on self-belief in transcultural nursing. The data's normality was assessed by computing the statistics of skewness and kurtosis and comparing them to the "rule of thumb value" of 2.58 (Hair et al., 2018). Skewness is a measure of how the symmetry of a distribution affects tests of means, whereas kurtosis is a measure of how the peakedness of a distribution affects tests of variances and covariances. The skewness values ranged from -1.36 to 0.05, which is inside the threshold, indicating that respondents answered these questions identically. Kurtosis values varied from -2.055 to 0.875, again within the recommended range.

Table 2 Perception of Transcultural Nursing

Variable	Mean	SD.	Skewness	Kurtosis	Variable	Mean	SD.	Skewness	Kurtosis
A1	4.64	0.571	-1.362	0.875	**A17**	4.69	0.468	-0.876	-1.084
A2	4.59	0.537	-0.805	-0.499	**A18**	4.34	0.483	0.566	-1.412
A3	4.43	0.647	-0.703	-0.535	**A19**	4.49	0.504	-0.018	-1.889
A4	4.66	0.484	-0.760	-1.157	**A20**	4.49	0.515	-0.111	-1.584
A5	4.54	0.514	-0.325	-1.490	**A21**	4.56	0.501	-0.290	-1.800
A6	4.49	0.504	-0.022	-1.889	**A22**	4.52	0.605	-0.856	-0.261
A7	4.58	0.493	-0.344	-1.889	**A23**	4.32	0.558	-0.073	-0.669
A8	4.59	0.504	-0.496	-1.422	**A24**	4.50	0.530	-0.314	-1.232
A9	4.59	0.501	-0.445	-1.572	**A25**	4.50	0.527	-0.266	-1.316
A10	4.51	0.512	-0.161	-1.660	**A26**	4.36	0.611	-0.395	-0.662
A11	4.56	0.500	-0.161	-1.660	**A27**	4.38	0.567	-0.233	-0.785
A12	4.57	0.507	-0.406	-1.511	**A28**	4.43	0.591	-0.480	-0.661
A13	4.51	0.500	-0.054	-2.055	**A29**	4.56	0.549	-0.725	-0.571
A14	4.67	0.475	-0.776	-1.255	**A30**	4.43	0.595	-0.506	-0.645
A15	4.56	0.507	-0.283	-1.698	**A31**	4.59	0.533	-0.806	-0.516
A16	4.55	0.506	-0.279	-1.698	**A32**	4.50	0.541	-0.421	-1.017

C. Factor analysis

Researchers utilised exploratory factor analysis (EFA) to estimate the latent dimensions of visitor satisfaction with transcultural nursing in a private hospital in Thailand. Researchers diminished the data to a smaller number of dimensions utilising factor analysis, which clarified most of the variance in the satisfaction structure. A principal component analysis (PCA) was conducted on 32 observed variables, which are used to evaluate visitor satisfaction with

individual elements of transcultural nursing. To identify the scale factors, an EFA with a varimax rotation was performed using SPSS software. To assess whether a data set is suitable for factor analysis, the strength of the link between the items must be examined (Hair et al., 2018). Items having factor loadings less than 0.4 (Tabachnick & Linda, 2019) or cross-loaded on more than one factor were deleted, and the internal reliability of each factor was assessed using Cronbach's alpha. Cronbach's alpha is greater than 0.7, indicating that the variables have a moderate correlation with their component groupings and can be deemed internally consistent and stable (Hair et al., 2018). In addition, based on statistical tests for the existence of correlations between variables, known as Bartlett's Test of Sphericity, and measuring the adequacy rate when sampling KMO (Kaiser-Meyer-Olkin), this study assessed the ability factor of the data. The resulting KMO value is 0.927 where the position exceeds 0.6, which is the minimum acceptable value (Hair et al., 2018), Table 3.

Table 3 KMO and Bartlett's Test values

Kaiser-Meyer-Olkin Measure of Sampling Adequacy.		.927
Bartlett's Test of Sphericity	Approx. Chi-Square	12449.768
	df	435
	Sig.	.000

Several criteria were used to select factors and identify dimensions, including eigenvalue, percentage of variance, Cronbach's alpha coefficient, extracted communalities from individual satisfactions, Scree plots, and factor loadings with their structure. At the beginning of the factor analysis, only factors with eigenvalues greater than one were extracted. Researchers only considered factor structures that explained more than 50% of the total variance to determine the best factor solution. The scree plot was used to determine the optimal number of extracted factors and the presence of a fracture point behind the five components. PCA discovered five factors with characteristic values greater than one and an explained variance of 73.89%.

The values of communality are calculated in the range of 0.407 to 0.794. As a result, this type of five-factor solution demonstrates that the variability of the original items is adequately explained. Based on Catell’s criteria, it was decided to keep all five factors for further research (Cattell, 1966). Table 4 depicts the structure of the isolated dimensions. A Varimax rotation was used, and the extracted dimensions have no correlation. The goal of the rotation is for each variable to be represented with the fewest number of factors and with the best spatial distribution possible. Based on table 4, the items that comprise the five-factor solution were assigned factors: F1—sanitation, F2—communication and privacy, F3—ancillary service, F4—nursing and biological variations, and F5—psychological skills, with an explained variance of 73.89%. Cronbach's alpha reliability coefficient demonstrated the measuring instrument's dependability. It is the most commonly used instrument for measuring the scale's internal consistency and the level of relatedness of the items that comprise the scale (Pallant, 2007). In an ideal case, this coefficient would be greater than 0.7 (DeVellis, 2003). Cronbach's alpha

coefficient for the proposed five-factor solution is 0.837, indicating adequate internal consistency of the selected factors. Cronbach's alpha coefficient is 0.910 for the entire scale of 32 questions.

Table 4 The statistical values for each component before and after factor extraction

Initial Eigenvalues			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
13.234	44.113	44.113	13.234	44.113	44.113	5.499	18.328	18.328
3.626	12.088	56.200	3.626	12.088	56.200	4.990	16.634	34.963
2.378	7.925	64.126	2.378	7.925	64.126	4.480	14.934	49.896
1.554	5.180	69.306	1.554	5.180	69.306	4.066	13.552	63.448
1.376	4.586	73.892	1.376	4.586	73.892	3.133	10.444	73.892

Table 5 The variables for each component

	Varibles	Factor Loading
Factor 1	A12 The healthcare professional's hand sanitation when performing a procedure or contacting a patient	0.839
	A11 Clean and sanitary hospital facilities (e.g., toilets, tableware)	0.831
	A14 You concentrate on Thailand medicine in your healthcare service	0.825
	A13 Patients can wash their hands at an alcohol station in each department	0.816
	A10 The patient is served quickly and accurately	0.812
	A9 medical staff devotes adequate time to patient care	0.763
	A15 Your family makes the majority of healthcare decisions for me	0.723
Factor 2	A5 Excellent care for patient records	0.731
	A2 The medical team communicates clearly with the patient	0.713
	A4 Using less medical words	0.709
	A3 Healthcare professionals gently and compassionately touches the patient	0.684
	A8 A short consultation wait time	0.681
	A1 The medical team addresses a patient and my family in a soft and friendly manner	0.638
	A7 Ensuring patient confidentiality when providing healthcare services	0.624
	A6 Confidentiality in the hospital room	0.590
Factor 3	A28 The hospital's canteen is accessible	0.838
	A29 Shuttle bus/ taxi service	0.787
	A27 Currency exchange is available	0.762
	A26 Food quality is satisfaction	0.731
	A30 Interpreter	0.693
	A31 Convenient hospital facilities in the hospital (e.g., convenience store, café')	0.626
Factor 4	A22 Medical treatment costs are appropriated	0.734
	A21 Prompt service	0.725
	A23 The medical staff's empathy	0.711
	A20 The medical team is aware of China's poor health conditions	0.702
	A24 The medical personnel are well qualified	0.700
	A25 Excellent diagnostic quality	0.682
Factor 5	A18 The medical personnel is aware of the dangers of contracting an illness or condition	0.797
	A16 The attitude of medical staff regarding my nationality	0.763
	A17 The attitude of the medical staff toward my customs and traditions	0.631

A19 Medical staff healing psychology is quite common	0.622

As can be seen in Table 5, factor 1, there are seven variables. These variables have variable names and factor loading: A9, A10, A11, A12, A13, A14, and A15 describe the 18.328% variation, and they can be referred to as component 1 as sanitation factors and Thai medical standards. In accordance with the concept of an expert healthcare professionals, patients expect maximum confidence in their abilities, including the advice and knowledge of healthcare professionals about diseases and health conditions, because it relates to the service recipients' lives and safety (Maslow, 1970). In addition, as physicians and healthcare professionals, scheduling the exact treatment schedule gives a feeling of confidence in the treatment (Deephaisarnsakul, 2013). Handwashing facilities are crucial to preventing the spread of infectious diseases such as diarrhoea, vomiting and thrush, among others (Berihun et al., 2022). The physical environment of the health facility was found to be positively correlated with assessments of the facility. A satisfactory rating for service accessibility (a composite of waiting area and time, drinking water, and clean restrooms) (Srivastava et al., 2015). Bangladesh, Gambia, Thailand, India, and Iran similarly identified cleanliness and hygiene upkeep as major predictors of satisfaction. The most frequently mentioned factor influencing women's satisfaction was interpersonal behaviour, particularly provider civility and refraining from abuse (Bouzid et al., 2018).

The communication and privacy factors are composed of eight variables, listed in variable names and factor loading as follows: The 16.634% variation is described by the variables A1, A2, A3, A4, A5, A6, A7, and A8. Quality healthcare is recognised to require effective communication between healthcare professionals and patients (Negi et al., 2017). A significant number of culturally diverse patients frequently present communication issues for healthcare professionals, particularly if sociocultural differences are not fully recognised, appreciated, investigated, or understood (Betancourt et al., 2003). A lack of cultural understanding fosters negative attitudes about transcultural nursing and influences healthcare professionals' perceived readiness to care for culturally varied patients (Marshall et al., 2017). When nurses are effectively communicating with others and providing safe care, it directly impacts the quality of nursing care, according to Chuwongin et al. (2020). A nurse's communication skills can influence the cooperation between nurse and patient. According to Bonsang & Van Soest (2012), the treatment period directly affects patient satisfaction. Additionally, in accordance with human rights principles, patients have a right to privacy, both physically and mentally, access to personal information, and the right to discriminate against or act independently. A patient's right to anonymity has been specified in Article 6 of the Professional Council of Medical Entrepreneurs and the control committee for practising the art of healing, where the statement reads: "Patients have the right to anonymity of their own information unless they consent or are acting on the practitioner's duty." The Medical Profession Act, B.E. 2525, Medical Council rules, the Nursing and Midwifery Profession Act, B.E. 2528, as well as the amendment (No. 2), B.E. 2540, have all defined the medical profession.

A variance of 14.934 percent is referred to as ancillary services aimed at Chinese consumers, as expressed by four variables in factor 3. As explained previously, factor 3 is composed of five variables in the following order: A26, A27, A28, A29, A30, and A31 all comprise the variance of 14.934 percent. According to Lenoir (2011), there are other services, and with these, as well as the major items associated with them, consumers will have more alternatives. It is the key to a location's additional revenue. Ancillary services are diagnostic or supportive measures that physicians use to help treat patients. They are generally located in hospitals, medical offices, or free-standing diagnostic testing facilities. During a stay in a hospital, anything that doesn't include room and board is an ancillary. Physical therapy, X-rays, lab tests, and ultrasounds are examples of such services (Miller, 2018). In addition, patients benefit greatly from a more focused and comprehensive treatment approach. The significance of ancillary services in the care of a hospitalised kid cannot be overstated. They boost patient satisfaction and have a beneficial impact on quality of life, which can be translated into quantitative outcomes such as shorter procedure times, fewer doctor visits, less symptoms, earlier release, and fewer drugs required. These services save employees' time and energy, boosting productivity, retaining employees, and minimising burnout (Gomberg et al., 2020). The services can be introduced based on geographic region, hospital tier, and provider availability. All services do not have to be available in one location, but they can be shared among hospitals within a reasonable commute. As more freestanding children's hospitals open their doors, ancillary services will acquire reputation and appeal in order to give the greatest patient care experience possible (Alsabri et al., 2020).

The nursing and biological variation factor consists of five variables: A20, A21, A22, A23, A24, and A25, which together comprise 13.552% of the total variance. Cultural competency is characterised in the healthcare environment as an understanding of how social and cultural elements influence patients' health attitudes and behaviours, and how these factors are considered at various levels of a healthcare delivery system to ensure quality healthcare (Betancourt et al., 2003). Assessments of culture are crucial for achieving positive treatment outcomes, both personally and holistically. Demographics must be considered as well. There are numerous factors that influence health behaviors, beliefs, customs, habits, and biases, as well as work activities, healthcare, and treatment methods (Stanisavljevi & Kekus, 2019). Any human must be able to comprehend the variations in elements like age, food, physical activity, and hereditary features between different people or animals (Badrick, 2021). Healthcare services should cater to the culture of the target audience and be in line with contemporary medicine. Patients live in a society whose values, beliefs, and lifestyles shape their cultural identity. Health professionals should understand disease awareness and health response, as well as cultural factors that influence those behaviours (Tortumolu et al., 2004). To provide quality patient care, personalised medicine (PM) offers the potential to tailor therapies with the best response and greatest safety margin (Vogenberg et al., 2010).

Factor 5: The psychological skills factor is made up of five variables, which are stated in variable names and factor loading order below: A16, A17, A18, and A19 comprise 10.444%. Verbal and nonverbal communication, emotional behaviour, belief, empathy, listening, perception, and joint decision-making are all examples of doctor-patient relationship

psychological skills. Quality outcomes are associated with negotiation, information, persuasion, and so on. Improving physician compliance, satisfaction, and recall while also contributing to diagnosis and treatment (Turabian, 2019). The use of psychology in the treatment of diseases It is very important because not only mental disorders, but other diseases can be treated with psychology. Techniques for psychologically informed practise are numerous, and recommendations to improve care have included, to name a few, developing communication skills (Travado et al., 2015), a multi-dimensional construct, a person's cultural sensitivity, attitudes, cultural awareness, and cultural knowledge and skills (Shen, 2015; Alizadeh & Chavan, 2016), and interpersonal interactions (De Haes & Tunissen, 2005). Aside from these abilities, the rapidly expanding evidence base of diagnoses and treatments necessitates the regular updating of healthcare professionals' own psychological knowledge. Culture competence training will be essential to increase healthcare professionals' awareness of cultural differences and how to treat culturally diverse patients (Kaihlanen et al., 2019).

Conclusion and suggestions

Despite the fact that transcultural nursing is a crucial element of the holistic approach, healthcare professionals should be culturally aware. It also demands health professional specialisation in order to deliver qualified, culturally relevant care. This study's empirical evidence opens up new avenues for understanding transcultural nursing from the perspectives of the family unit, society, culture, and lifestyle. In health care services, individualised intercultural care is the role of a healthcare provider as both a human and a professional. This is not only because of culturally adapted care but also because it reflects the patient's satisfaction and positive perception of care. Transcultural nursing is challenging because of cultural conflicts, the expression of pain and suffering, and the need to navigate personal and organisational constraints. Cultural sensitivity, on the other hand, can result in the categorization of cultures, leading to stereotypical behaviours in certain cultures, ethnicities, and religions. It is stressed that the sufferer may feel "special," "vulnerable," or "patronised." Those healthcare professionals who are more capable of meeting their needs in a multicultural environment could make better decisions. Healthcare professionals ought to have the ability to practise self-criticism and tolerance for differences, but also to develop interpersonal and psychological skills, as well as collaborative relationships with patients and their families, to overcome these challenges.

Sanitation, patient communication, and privacy should all be considered in private hospitals. Therefore, because these characteristics are necessary for patients, practitioners should ensure that healthcare professionals and equipment are sanitized. Ancillary services are aimed at enhancing wellness and health visitors' choices and experiences while supporting the success of the core visitor establishments. More study into travelers' views of positive and unfavourable services in various agencies is needed as a benchmark for improving service quality. The relationship between hospital brand attributes and visitors repurchase intentions

should be investigated. When designing a marketing plan for future target groups, it is crucial to establish such characteristics.

New knowledge and the effects on society and communities

Thailand's medical tourism policy recommends continuing to attract and retain medical tourists. The government should promote bilingual professionals who can communicate in both English and Chinese, as well as global standards for medical facilities worldwide. Furthermore, government agencies should utilise this study to create a marketing strategy that promotes wellness tourism, focuses on sanitation, and more fully fulfils international hospital standards. Major medical tourism providers should broaden and deepen their research on transcultural nursing as compared to other research to gain new knowledge. Additionally, we will investigate how Chinese citizens and other foreigners behave in different contexts based on the knowledge network structure within an organization. All healthcare professionals should receive regular training to increase awareness of attitude, customer service, and care, which should emphasize sanitation and follow Thai medical standards. Aside from that, ancillary services are provided in hospitals for the convenience of visitors and for them to become comfortable using them. These factors must be prioritised in their business and marketing strategies. Additionally, the country's competitive advantage will encourage more visitors to visit, which will lead to the development of a health tourism industry.

References

Alizadeh, S., & Chavan, M. (2016). Cultural competence dimensions and outcomes: a systematic review of the literature. *Health & social care in the community, 24*(6), 117–30. https://doi.org/10.1111/hsc.12293

Alsabri, M., Yeluru, A., & Basak, R.B. (2020). Ancillary Services in Pediatric Departments of USA. *Indian Pediatr, 57*, 999–1003. https://doi.org/10.1007/s13312-020-2022-4

Anaya-Aguilar, R., Gemar, G. & Anaya-Aguilar, C. (2021). Factors Associated with Spa Tourists' Satisfaction. *Mathematics, 9*(332), 1-4. https://doi.org/10.3390/su13073724

Bangkok Bank. (2021). Wellness Tourism Challenges in the Health Tourism Business/SME Update. Retrieved from https://www.bangkokbanksme.com/en/wellness-tourism-health-tourism-business. (In Thai)

Bangkok Post. (2021). No choice but to open the economy. Retrieved from https://www.bangkokpost.com/opinion/opinion/2197419/no-choice-but-to-open-the-economy (In Thai)

Bartlett, M. S. (1954). A note on the multiplying factors for various chi square approximations. *Journal of the Royal Statistical Society*, *16*(2), 296–298. https://doi.org/10.1111/j.2517-6161.1954.tb00174.x

Berihun, G., Adane, M., Walle, Z., Abebe, M., Alemnew, Y., & Natnael, T. (2022) Access to and challenges in water, sanitation, and hygiene in healthcare facilities during the early phase of the COVID-19 pandemic in Ethiopia: A mixed-methods evaluation. *PLoS ONE, 17*(5), 1-15. https://doi. org/10.1371/journal.pone.0268272

Betancourt, J. R., Green, A. R., Carrillo, J. E., & Owusu, A-F. I. (2003). Defining Cultural Competence: A Practical Framework for Addressing Racial/Ethnic Disparities in Health and Health Care. *Public Health Rep, 118*(4), 293–302. DOI:10.1016/S0033-3549(04)50253-4

Bonsang, E., & Van Soest, A. (2012). Satisfaction with Social Contacts of Older Europeans. *Soc Indic Res, 105*(2), 273–292. DOI: 10.1007/s11205-011-9886-6

Bouzid, M., Cumming, O., & Hunter, P. R. (2018). What is the impact of water sanitation and hygiene in healthcare facilities on care seeking behaviour and patient satisfaction? A systematic review of the evidence from low-income and middle-income countries. *BMJ Glob Health*, *3*(3), 1-14. https://doi. org/10.1136/ bmjgh-2017-000648

Campinha-Bacote, J. (2002). The process of cultural competence in the delivery of healthcare services: a model of care. *Journal of Transcultural Nursing*, *13*(3), 181–184. https://doi.org/10.1177/10459602013003003

Cattell, R. B. (1966). The Scree Plot Test for the Number of Factors. Multivariate *Behavioral Research*, *1*(2), 140-161. http://dx.doi.org/10.1207/s15327906mbr0102_10

Chuwongin, D., Molek, R., Boonprajak, K., Sombutboon, M., & Preechakoon, B. (2020). Nursing Communication in Disruptive Medicine. *The Journal of Chulabhorn Royal Academy*, *2*(2), 25-38. https://he02.tci-thaijo.org/index.php/jcra/article/view/233670 (In Thai)

Costello, A. B., & Osborne, J. (2005). Best Practices in Exploratory Factor Analysis: Four Recommendations for Getting the Most from Your Analysis. *Practical Assessment Research & Evaluation, 10*(7), 1-9. https://doi.org/10.7275/jyj1-4868

Deephaisarnsakul, P. (2013). Expectation and Perception of the clients about the service quality of the hospital. *Veridian E-Journal, SU, 6* (1), 573-592. (In Thai) https://he01.tci-thaijo.org/index.php/muhed/article/view/187936

De Haes, H., & Tunissen, S. (2005). Communication in palliative care: A review of recent literature. *Current Opinion in Oncology*, *17*(4), 345-350. https://doi.org/10.1097/01.cco.0000167735.26454.79

DeVellis, R. F. (2003). *Scale development: Theory and application*. Thousand Oaks, CA: Sage

Faul, F., Erdfelder, E., Buchner, A., & Lang, A-G. (2009). Statistical power analyses using G*Power 3.1: Tests for correlation and regression analyses. *Behavior Research Methods, 41*(4), 1149–1160. https://doi.org/10.3758/BRM.41.4.1149

Finch, H. W., Immekus, J. C., & French, B. F. (2016). *Applied Psychometrics Using SPSS and AMOS*. Charlotte, NC: Information Age Publishing Inc.

Giger, J.N. & Davidhizar, R.E. (2008). *Transcultural Nursing: Assessment and Intervention*. (5th ed.). Mosby, London.

Gomberg, J., Ravi, A., Feng, E., & Meir, N. (2020). Saving costs for hospitals through medical clowning: A study of hospital staff perspectives on the impact of the medical clown. *Clinical Medicine Insights: Pediatrics, 14*, 1-17. https://doi.org/1179556520909376

Hair, J. F., Black, W. C, Babin, B. J., & Anderson, R. E. (2018). *Multivariate data analysis*. (8th ed.). Upper Saddle River: Chengage.

Han, M. A., Kwon, I., Reyes, C. E., Trejo, L., Simmons, J., & Sarkisian, C. (2015). Creating a "Wellness Pathway" between health care providers and community-based organizations to improve the health of older adults. *Journal of Clinical Gerontology and Geriatrics*, *6*(4), 111-114. https://doi.org/10.1016/j.jcgg.2015.06.004

Han, J., Zuo, Y., Law, R., Chen, S., & Zhang, M. (2021). Service Quality in Tourism Public Health: Trust, Satisfaction, and Loyalty. *Front. Psychol, 12*, 1-10. https://doi.org/10.3389/fpsyg.2021.731279

Hasnain, M., Connell, K., Menon, U., & Tranmer, P. (2011). Patient-Centered Care for Muslim Women: Provider and Patient Perspectives. *Journal of women's health* (2002), *20*(1), 73-83. https://doi.org/10.1089/jwh.2010.2197

Jiang, L., Wu, H., & Song, Y. (2022). Diversified demand for health tourism matters: from a perspective of the intra-industry trade. *Soc Sci Med*, *293*, 114630. https://doi.org/ 10.1016/j.socscimed.2021.114630

Jeh-alee, H., & Jeasoh, J. (2019). The Transcultural Competency of the Nursing Student, Faculty of Nursing Pattani Campus. *Academic Services Journal, Prince of Songkla University*, *30*(2), 148-154. https://journal.oas.psu.ac.th/index.php/asj/article/view/1416 (In Thai)

Kaihlanen, A-M., Hietapakka, L., & Heponiemi, T. (2019). Increasing cultural awareness: qualitative study of nurses' perceptions about cultural competence training. *BMC Nursing (2019)*, *18*(38), 1-9. https://doi.org/10.1186/s12912-019-0363-x

Kaiser, H. (1974). An index of factorial simplicity. *Psychometrika*, *39*(1), 31–36. https://doi.org/10.1007/BF02291575

Kamassi, A., Abd Manaf, N. H. & Omar, A. (2020). The identity and role of stakeholders in the medical tourism industry: state of the art. *Tour. Rev*, *75*(3), 559–574. https://doi.org/10.1108/tr-01-2019-0031

Kanittinsuttitong, N. (2015). Motivation and Decision on Medical Tourism Service in Thailand. *Rev. Integr. Bus. Econ*. Res, *4*(3), 173-182. https://doi.org/10.14456/ajmi.2015.10.

Karabudak, S., Arslan, F., & Basbakkal, Z. (2013). Giger and Davidhizar's transcultural assessment model: A case study in Turkey. *Health Science Journal*, *7*(3), 342-345. https://asset-pdf.scinapse.io/prod/2234319418/2234319418.pdf

Kline, R. B. (2016). *Methodology in the social sciences. Principles and practice of structural equation modeling.* (4th ed.). Guilford Press.

Lenoir, A. (2011). *Ancillary revenues in the hotel industry*. Retrieved from http://www.tourismintelligence.ca

Liu, Y., Lin, Q. & Zhang, D. (2022) Understanding the Reality of China's Health Tourism and Consumer Demand From the Perspective of Consumers: A Cross-Sectional Study. *Front. Psychol*, *13*, 824328. https://doi.org/10.3389/fpsyg.2022.824328

Martin, M., Harris, M., & Martin, D. (2013). The Relationship between Psychological Well-Being and Perceived Wellness in Graduate-Level Counseling Students. *Higher Learning Research Communications, 3*(2), 14-31. https://doi.org/10.18870/hlrc.v3i2.91

Maslow, A. H. (1970). *Motivation and personality*. New York: Harper & Row.

Miller, J. (2018). Grow your practice with ancillary services. *Journal of Integrated Care, 26* (3), 176-188. https://doi.org/188. 10.1108/JICA-03-2018-0023

Mueller, H., & Kaufmann, E. L. (2001) Wellness Tourism: Market Analysis of a Special Health Tourism Segment and Implications for the Hotel Industry. *Journal of Vacation Marketing*, *7*(1), 5-17. http://dx.doi.org/10.1177/135676670100700101

Ninkitsaranont, P. (2019). Industry Outlook 2019-2021: Private Hospital. Bank of Ayudhya Public Company Limited. Retrieved from https://www.krungsri.com/en/research/industry/industry-outlook/Services/Private-Hospitals/IO/io-Private-Hospitals-19 (In Thai)

Nur'ainun, & Novieastari, E. (2019). Students' ability in delivering transcultural nursing linked to their place of origin: A cross-sectional study. *Enfermeria Clinica*, *29*(2), 556-559. https://doi.org/10.1016/j.enfcli.2019.04.086

Nupech, C., & Kaewpimon, P. (2020). Transcultural Nursing Caring in Maternal and Newborn Nursing Practicum Subject of the Nursing Students. *Academic Services Journal, Prince of Songkla University*, *31*(1), 197-208. https://journal.oas.psu.ac.th/index.php/asj/article/view/1523 (In Thai)

Pallant, J. (2007). *SPSS survival manuel: A step by step guide to data analysis using SPSS for windows.* Sydney: Allen & Unwin.

Raykov, T., & Marcoulides, G. A. (2006). *A first course in structural equation modeling*. (2nd ed.). Mahwah, NJ: Erlbaum.

Shen, Z. (2015). Cultural competence models and cultural competence assessment instruments in nursing: a literature review. *Journal Transcult Nurs*, *26*(3), 308–21. https://doi.org/10.1177/1043659614524790

Schumacker, R. E., & Lomax, R. G. (2016). *A Beginner's Guide to Structural Equation Modeling.* (4th ed.). New York: Routledge.

Sirisawat, M., Pengsawat, W., Chalakbang, W., & Pheasa, A. (2020). Transcultural Nursing Competency for Nurses. The Journal of Research and Academics, 4(3), 311-324. https://he01.tci-thaijo.org/index.php/pnc/article/view/241094 (In Thai)

Smeltzer, S. (2007). Improving the health and wellness of persons with disabilities: A call to action too important for nursing to ignore. *Nursing outlook*, *55*(4), 189-195. https://doi.org/10.1016/j.outlook.2007.04.001

Srivastava, A., Avan, B. I., Rajbangshi, P., & Bhattacharyya, S. (2015). Determinants of women's satisfaction with maternal health care: a review of literature from developing countries. *BMC Pregnancy Childbirth*, *15*(97), 1-12. https://doi.org/10.1186/s12884-015-0525-0

Stanisavljevi, S., & Kekuś, D. (2019). Cultural context of nursing in the field of outpatient healthcare in Serbia. *Pielegniarstwo XXI wieku / Nursing in the 21st Century, 18* (2), 111-114. https://doi.org/10.2478/pielxxiw-2019-0011

Starr, S., & Wallace, D. C. (2009). Self-reported cultural competence of public health nurses in a southeastern U.S. public health department. *Public Health Nursing*, *26*(1), 48–57. https://doi.org/10.1111/j.1525-1446.2008.00753.x

Sung, S., & Park, H-A. (2019). Perceived cultural differences in healthcare for foreign patients visiting South Korea: Tool development and measurement. *BMC Health Services Research*, *19*, 1-11. https://doi.org/10.1186/s12913-019-3965-9

Tabachnick, B.G. & Linda, S.F. (2019). *Using multivariate statistics*. (7th ed.). Pearson Boston, MA.

The Nation Thailand. (2022). *TAT targets 3.8 million medical tourists under 20-year strategy*. Retrieved from https://www.nationthailand.com/thailand/40020951 (In Thai)

Travado, L. & Dalmas, M. (2015). Psychosocial oncology care. In: European Guide for Quality National Cancer Control Programmes Ljubljana. *Slovenia: National Institute of Public Health, 26*(4), 35-39. https://doi.org/10.1002/pon.4044

Treethipwanich, O., Moolsart, S., & Kaewpan, W. (2019). Factors Predicting Cultural Competency of Registered Nurses: A Case Study at a Private Hospital in Bangkok. *Journal of The Royal Thai Army Nurses*, *20*(3), 185-195. https://he01.tci-thaijo.org/index.php/JRTAN/article/view/233263 (In Thai)

Tortumolu, G., Okanlı, A. & Özer, N. (2004). The Culturture in the Nursing Education and in the Nursing Practices. *Ege Üniversitesi Hemşirelik Fakültesi Dergisi. 29*(1), 60-67. https://www.j-humansciences.com/ojs/index.php/IJHS/article/view/129

Turabian, J.L. (2019). Psychology of doctor-patient relationship in general medicine. *Arch Community Med Public Health, 5*(2), 62-68. https://doi.org/10.17352/2455-5479.000056

Vogenberg, F.R., Barash, C.I., & Pursel, M. (2010). *Personalized Medicine - Part 1: Evolution and Development into Theranostics*, 35, P T.

Wongratana, C. (2010). *Techniques for using statistics for research*. Bangkok: Thep Neramit Printing. (In Thai)

Wu, Y., Mulkens, S., & Alleva, J.M. (2021). Body image and acceptance of cosmetic surgery in China and the Netherlands: A qualitative study on cultural differences and similarities. *Body Image. 40*, 30-49. https://doi.org/10.1016/j.bodyim.2021.10.007